

WHITE EARTH INDIAN CHILD WELFARE

SUSPECTED CHILD MALTREATMENT REPORTING FORM

MINNESOTA STATUTES SECTION 626.556, SUBDIVISIONS 3 -9: A person who knows or has reason to believe a child has been neglected or physically or sexually abused shall make a verbal report **IMMEDIATELY by phone to be followed within 72 business hours, by a written report.**

Fax Report to: White Earth Indian Child Welfare, 218 983-3712 ATTN: Child Protection Intake

Office Phone: 218 983-4647

Reporter Information:

Name: _____

Agency: _____ Relationship to Victim: _____

Address: _____ Phone: _____ Ext: _____

Date of report: Verbal - _____ Written - _____

Signature: _____

Date of incident: _____ Suspected Maltreatment Type: (circle all that apply)

Physical Sexual Prenatal Exposure Neglect Other

Victim/Child Name: _____ DOB: _____

PLEASE FILL OUT TO THE BEST OF YOUR KNOWLEDGE

Family Information: Mother Father Step-parent/other

Name _____

Date of Birth: _____

Phone numbers: _____

Physical Address: _____

Directions to home: _____

Native American: Yes No Tribe: _____ Native American: Yes No Tribe: _____

Alleged Perpetrator Information:

Name: _____ DOB/Age: _____

Physical Address: _____ Phone _____

Relationship to Victim: _____

Children in the home:

Full Name

DOB/Age

Tribal Affiliation

<u>Full Name</u>	<u>DOB/Age</u>	<u>Tribal Affiliation</u>

Please provide a written report of the alleged maltreatment below along with any other information pertinent to the alleged maltreatment.
